

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/297,317

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17	/						67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
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24		/					74						
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37		/					87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						